

#4



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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

- ☐ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Dock Number

A070 US

First Named Inventor

Browning

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

BAFF, Inhibitors Thereof and Their Use in the Modulation of B-Cell Response

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable).

Application Number

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

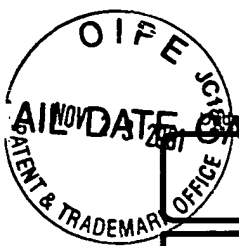
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

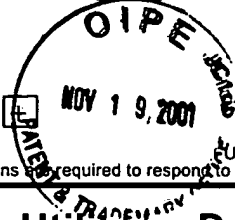
Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/117,169	01/25/1999	
60/143,228	07/09/1999	

(Page 1 of 2)

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number or Bar Code Label OR ☒ Correspondence address below

Name Timothy P. Linkkila

Address BIOGEN, INC.

Address 14 Cambridge Center

City Cambridge

State MA

ZIP 02142

Country USA

Telephone (617) 679-3795

Fax (617) 679-2838

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name Jeffrey
(first and middle [if any])

Family Name Browning
or Surname

Inventor's
Signature

Jeffrey Browning

Date

Residence: City Brookline

State MA

Country 02146

Citizenship US

Mailing Address 32 Milton Road

Mailing Address

City Brookline

State MA

ZIP 02146

Country US

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name Christine
(first and middle [if any])

Family Name Ambrose
or Surname

Inventor's
Signature

Christine Ambrose

Date

Residence: City Reading

State MA

Country US

Citizenship US

Mailing Address 197 Wakefield Street

Mailing Address

City Reading

State MA

ZIP 01867

Country US

☐ Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



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PTO/SB/02A (3-97)
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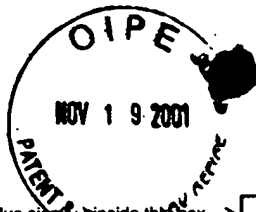
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Fabienne				MacKay			
Inventor's Signature	<i>Fabienne MacKay</i>					11/18/2001	Date
Residence: City	Vaocluse	State		Country	AU	Citizenship	AU
Post Office Address	1 Belah Gardens, Vaocluse NSW 2030						
Post Office Address							
City	Vaocluse	State		ZIP	2030	Country	AU
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Jurg				Tschopp			
Inventor's Signature						Date	
Residence: City	Epalinges	State		Country	CH	Citizenship	CH
Post Office Address	10, chemin des Fontanins, CH-1066						
Post Office Address							
City	Epalinges	State		ZIP	CH1066	Country	CH
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Pascal				Schneider			
Inventor's Signature						Date	
Residence: City	Epalinges	State		Country	CH	Citizenship	CH
Post Office Address	University of Lausanne, CH-1066						
Post Office Address							
City	Epalinges	State		ZIP	CH1066	Country	CH

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Given Name (first and middle (if any))				Family Name or Surname			
Fabienne				MacKay			
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Given Name (first and middle (if any))				Family Name or Surname			
Jurg				Tschopp			
Inventor's Signature		<i>J. Tschopp</i>			Date		Oct 31, 2001
Residence: City		Epalinges	State		Country	CH	Citizenship
Post Office Address		10, chemin des Fontanins, CH-1066					
Post Office Address							
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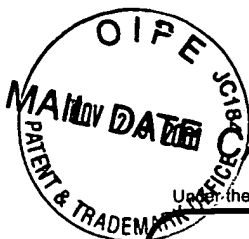
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Supplemental Sheet

Page 1 of 1

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Pascal				Schneider			
Inventor's Signature		<i>P. Schneider</i>			Date		10/31/2001
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Post Office Address							
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(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	A070 US
First Named Inventor	Browning
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

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OR

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:

☐ Customer Number
or Bar Code LabelOR ☒

Correspondence address below

Name Timothy P. Linkkila

Address BIOGEN, INC.

Address 14 Cambridge Center

City Cambridge

State MA

ZIP 02142

Country USA

Telephone (617) 679-3795

Fax (617) 679-2838

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventorGiven Name Jeffrey
(first and middle [if any])Family Name Browning
or SurnameInventor's
Signature

Date

Residence: City

Brookline

State

MA

Country 02146

Citizenship

US

Mailing Address 32 Milton Road

Mailing Address

City Brookline

State MA

ZIP 02146

Country US

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name Christine
(first and middle [if any])Family Name Ambrose
or SurnameInventor's
Signature

Date

Residence: City

Reading

State

MA

Country US

Citizenship US

Mailing Address 197 Wakefield Street

Mailing Address

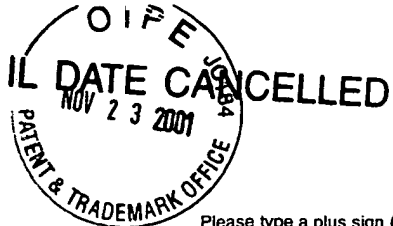
City Reading

State MA

ZIP 01867

Country US

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Given Name (first and middle [if any])				Family Name or Surname			
Fabienne				MacKay			
Inventor's Signature					Date		
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Post Office Address							
City		Vaocluse	State		ZIP	2030	Country AU
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Jurg				Tschopp			
Inventor's Signature					Date		
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Given Name (first and middle [if any])				Family Name or Surname			
Pascal				Schneider			
Inventor's Signature					Date		
Residence: City		Epalinges	State		Country	CH	Citizenship CH
Post Office Address		University of Lausanne, CH-1066					
Post Office Address							
City		Epalinges	State		ZIP	CH1066	Country CH

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